TOWN OF EATONVILLE 2008 CONSULTANTS/SMALL WORKS ROSTER APPLICATION

Applicant Information				
WA.State Contractors I.D.	Federal Tax I.D.#			
Owners Full Name:	Phone #			
Name of Firm:	Business Phone:		Fax	-
Address:		State	Zip	_
Insurance Carrier's Name:			Phone	_
Address:			Agent:	_
Policy #	Expires	Policy Limit	Amt	_
References:				
Client:	Contact Person:		Phone:	
Client:	Contact Person:		Phone:	
Client:	Contact Person:		Phone:	
Project size for which you wish to be\$0-\$5,000\$ 5,000		5,001-\$25	,000\$25,	,000+
Small works category(ies) for which	you wish to be considered: C	Check the ap	ppropriate box(es) on page	÷ 2.
Statement of Certification: I, the undersigned, duly serving as a the information contained in this ap has been no willful intent to misreprability to perform the work indicated	plication is true and accurate esent any fact or circumstanc	to the best	of my knowledge and that	there
Signature			Date	
Printed Name G/consultappl_06			Title	

TOWN OF EATONVILLE CONSULTANTS CATEGORIES

(Check the boxes of the work for which you wish to be considered)

BUILDING		STREETS	
Remodel	П	Traffic Barriers	
Electric		Curbs / Gutters	
Communications	П	Asphalt Patches	
		Concrete Placement	
Heating / Air Conditioning		Pavement Placement	
		Pavement Marking	
EARTHWORK		INDED CROUND WORK	
Excavation	П	UNDERGROUND WORK	
Filling		Water / Sewer Line Installation	
Hydroseeding	П	Water / Sewer Extension	
Retaining Walls	Ш	Vactoring / Jetting	
Rip Rap Installation		Catch Basins	Ш
Rockeries	П	Ditching	
Tree / Debris Removal		Grade Adjustments	
		Pipe (Storm Drain, Culvert) installation	
EMERGENCY RESPONSE		Pumps – Repair / Replace	
24 Hour Availablility			
Crew & Light Euip. Within 1 hour □		OTHER:	
Crew & Heavy Equip. within 3 hours □			
SUPPLY ADDITIONAL INFO. THAT MAY BE PERTINENT TO			_ 🗆
THIS APPLICATION.			_
			- "

Please include a copy of your Business License with this application.

Thank You.